

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10-21-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 95900 and 95935-50.

II. FINDINGS

1. The requestor billed \$904.00 for the disputed services.
2. The respondent paid \$181.00 based upon "F – The charge for the procedure exceeds the amount indicated in the Fee schedule."
3. Total amount in dispute per TWCC-60 is \$181.00.
4. The insurance carrier submitted a response to the request for medical dispute resolution.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-28-02	95900 (x4)	\$504.00	\$128.00	F	\$64.00/ nerve	Medicine GR (IV)	Nerve study report supports testing of Peroneal and Tibial nerves bilaterally. Therefore, the appropriate reimbursement of 4 X \$64.00 = \$256.00. The requestor is entitled to the difference between amount paid and amount due per MFG of \$128.00.
10-28-02	95935-50 (X2)	\$400.00	\$53.00 for F-wave and \$106.00 for H-wave	F	\$53.00 / study per extremity		H-wave and F-wave studies were performed on both lower extremities. Per MFG, Medicine GR (IV)(B)(2)(d), "H" studies on lower extremities may be billed bilaterally when performed. F-wave studies will only be reimbursed for the affected extremity. The claimant reported symptomatology to both lower extremities. Therefore, the requestor is entitled to additional \$53.00 for F-wave study.
TOTAL							The requestor is entitled to reimbursement of \$181.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95900 and 95935-50, in the amount of **\$181.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$181.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 8th day of August 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division